



CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential

Cardholder Name: _____
Exactly as it appears on the credit card

Billing Address: _____

Credit Card Type: _____ VISA _____ MASTERCARD

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____

CVV # _____

Amount to Charge: \$ _____ (CND)

I authorize Stanmore Equipment Ltd. to initiate a recurring charge to the credit card indicated above for the total amount due each month. I agree that I will pay for this purchase in accordance with my issuing bank cardholder agreement.

Card Holder Signature: _____ Date: _____

This completed form along with a copy of credit card (front and back) and copy of the cardholders drivers licence must be returned to credit@stanmoreequipment.com